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To: **USPTO**Fax: **(571) 273-8300**From: **ADAM BELL**Date: **8/21/2008**Re: **In re application of:**

Pages:

**James Kaput****(INCL. THIS COVER SHEET)****Application No.: 10/700,305***10 pages total  
5 pages - Response*

Cc:

*4 pages - Declaration***Certificate of Faxing**

I hereby certify that this correspondence is being faxed to (571) 273-8300 to  
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313 on:

Dated: 21 AUG 08 Signed:  By Adam Bell**Please see attached.****Adam W. Bell****BELL & ASSOCIATES****58 West Portal Avenue # 121****San Francisco, California 94127 USA**

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PATENT

Attorney Docket No.: Kaput-001US

Certificate of Faxing

I hereby certify that this correspondence is being faxed  
to (571) 273-8300 to Commissioner for Patents P.O. Box  
1450 Alexandria, VA 22313 on:

Dated: 21 AUG 2008 Signed: [Signature] By Adam Bell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

James Kaput

Application No.: 10/700,305

Filed: 31 Oct 2003

For: IDENTIFICATION OF DIET-  
REGULATED DISEASE-ASSOCIATED  
GENES

Examiner: SISSON

Technology Center/Art Unit: 1634

**RESPONSE**

**TO OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner Sisson:

In response to the office action/communications mailed 21 April 2008, please accept the enclosed papers and consider the following remarks.

The applicant requests a ONE month extension of time and authorizes a \$60 fee to be paid for the applicant who is a small entity. The Commissioner is hereby authorized to charge any calculated fee or any additional fees associated with this communication in particular and this application in general, and to credit any overpayment to Bell & Associates Deposit Account No. 50-3194.